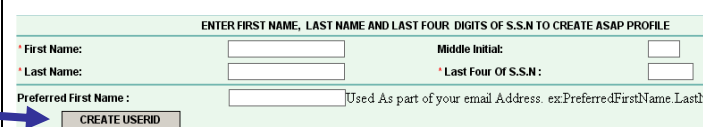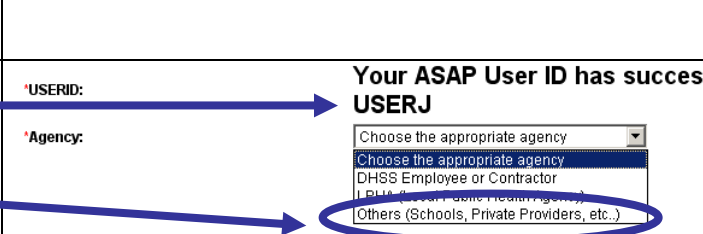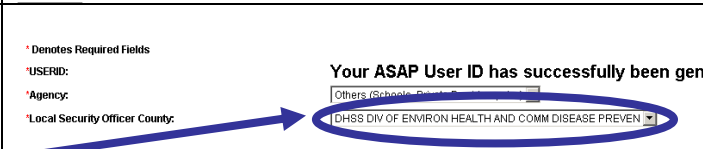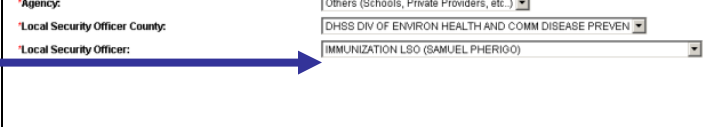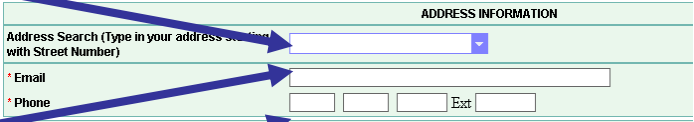# AUTOMATED SECURITY ACCESS PROCESSING (A.S.A.P)

REQUESTING ACCESS TO SHOWMEVAX

_____

STEP A. Creating A.S.A.P User profile

(This step is to be completed only once per user. If you've already created an A.S.A.P profile, please continue to STEP B)

- ➢ Open Internet Browser and enter address
  http://www.dhss.mo.gov/ASAP
- ➢ Click the link in the middle of the page that says "To access ASAP"
  Click Yes to any security messages
- ➢ If this is your first time with A.S.A.P, Choose the **NEW USER** option

Steps	Screen Print
1. Click the **NEW USER** option	
2. Enter your **first name**, **last name** and **last four digits of your SSN**. Enter a **Preferred First Name,** if desired. Click the **CREATE USERID** button.	
3. **Make note of your UserID.** Choose '**Others (Schools, Private Providers, etc.)**' for the **Agency.**	
4. Choose '**DIV OF COMMUNITY & PUBLIC HEALTH DCPH**' for Local Security Officer County.	
5. Choose '**IMMUNIZATION LSO (ERIC BRANSON)**' for Local Security Officer.	

6. Type your **street number.** It will show a drop down list; choose the appropriate Location from the list.	**ADDRESS INFORMATION** Address Search (Type in your address starting with Street Number)
7. Enter your **email address**	* Email * Phone Ext
8. Enter your **phone number**	
9. Enter your **fax number**. 10. Enter a **password**. 11. Retype your password. 12. Enter a **challenge question**. (Choose a question for which only you know the answer.) 13. Type the **response** to the challenge question. 14. Retype the challenge response. 15. Click **CREATE PROFILE**. 16. You wil get a message stating your profile was created successfully. 17. Close out of your Internet browser.	* Fax Number * Password * Retype Password * Challenge Question ex:What is your favorite color? * Challenge Response ex:Blue * Retype Response CREATE PROFILE

STEP B. Request ShowMeVax access

➢ Open Internet Browser and enter address
  http://www.dhss.mo.gov/ASAP
➢ Click the link in the middle of the page that says "To access ASAP"
  Click Yes to any security messages

1. Type the **User ID** and **Password** you created in Step A. 2. Click the **SIGN IN** button.	>> ASAPLogin he Missouri Department of Health and Senior Services curity Access Process(A.S.A.P) site. uest new access or change existing access for various lication systems supported by the Department of Health NEW USER? an ASAP user Profile, if you require access to a DHSS vork or applications NEW USER EXISTING ASAP USERS ENTER USER ID AND PASSWORD TO SIGN IN * ASAP User Id : RACKEN * Password ●●●●●● SIGN IN FORGOT USER ID? FORGOT PASSWORD? CHANGE USER PROFILE?
3. Choose the **'Completing for Self'** option. 4. Click the **NEXT** button.	Who are you completing this ASAP request f ⦿ COMPLETING FOR SELF ○ COMPLETING FOR OTHER EMPLOYEE ○ APPROVE REQUESTS ○ VACATIONS NEXT
5. Choose '**HEALTH APPLICATIONS**' for Area Type. 6. Choose '**SHOWMEVAX**' for Health Area Type. 7. Type your 9 Digit SSN 8. Choose '**ADD ACCESS**' for Request Type. 9. Choose an appropriate Role. **Note:** *Schools usually need 'SMV SCHOOL READONLY'* *Doctor's offices and clinics usually need 'SMV ADMINISTRATIVE MANAGEMENT'* 10. Choose '**NONE**' for Report type.	* Denotes Required Fields *Area Type: HEALTH APPLICATIONS *Health Area Type: SHOWMEVAX *9 Digit S.S.N: 123456789 *Request Type: ADD ACCESS Use Ctrl+click to choose more than one role *Role: SMV ADMINISTRATIVE MANAGEMENT / SMV ADMINISTRATOR / SMV BIAA PROGRAM STAFF / SMV ITSD MAINTENANCE / SMV PANDEMIC FLU / SMV SCHOOL READONLY * Other Role/Report Type: NONE Comments: * Effective Date [MM/DD/YYYY]: 01/01/2010

Steps	Screenshot
11. **Optional**: If you enter data for more than one facility, click '**YES**' as the response to the question: "Do you enter data for Additional Agencies?" 11. Choose a county. 12. Choose the hospital or ASC for which you will enter data. 13. Check the '**ADD**' box. 14. Repeat steps 11 through 13 for additional sites	'Role: MHIRS DATA ENTRY 'Report Type: NONE Do you enter Data for Additional Agencies? ○ YES ● NO Do you enter Data for Additional Agencies? ● YES ○ NO To pick additional Agencies ,Choose the re... 'County: AUDRAIN - 007 'Agency: AUDRAIN MEDICAL CENTER ADD ADDRESS City ☐ 620 E. MONROE Mexico
15. Click the '**I Agree**' button. 16. Click the '**Submit Form**' button.	*Health Area Type: MHIRS *Request Type: ADD ACCESS *Role: MHIRS DATA EN *Report Type: NONE Do you enter Data for Additional Agencies? ○ YES ● NO I, THE UNDERSIGNED, AN EMPLOYEE OF THE STATE OF MISSOU ASSIGNMENT OF THE REQUSTED ID OR APPROVAL OF THE REQU UTILIZES ONLY IN THE PERFORMANCE OF MY ASSIGNED DUTIES THE PERFORMANCE OF MY OFFICIAL DUTIES. I UNDERSTAND THA PROVIDE PENALTIES FOR UNAUTHORIZED ACCESS, USE AND/OR DISCIPLINARY ACTION THAT COULD BE ONE OR ALL OF THE FOL CONFIDENTIAL ALL INFORMATION MADE AVAILABLE TO ME IN TH SHARE MY PASSWORD WITH ANYONE. [I Agree] [Submit Form]
A message should appear stating the request was sucessfully completed. Print a copy of the form for your records.	You have successfully completed your request form.Press the button below to view a printer friendly copy of your request for your records. Please do not send the print copy for Request process. [Printer Friendly Copy] [FILL OUT ANOTHER ACCESS FORM]

If you experience any problems or have questions while using the ASAP system, please notify the DHSS ITSD Help Desk using one of the following methods:

Phone: 573 / 751-6388 or 1-800-347-0887
E-mail: Support@dhss.mo.gov